



FOR INFORMATIONAL PURPOSES  
FEBRUARY 2013

CONTACT: (916) 445-4950

## CDCR's Mental Health Treatment for Inmates

### BACKGROUND

In the 1991 class action lawsuit now known as *Coleman vs. Brown*, inmate attorneys alleged that the California Department of Corrections and Rehabilitation (CDCR) was not adequately caring for inmates with mental disorders.

In September 1995, a Federal judge ruled the department was deliberately indifferent to the mental health needs of inmates in violation of the Eighth Amendment to the U.S. Constitution. In November 1995, the court appointed a Special Master to address constitutional inadequacies.

In the original ruling, the court identified six areas in which CDCR needed to make improvements: mental health screening, treatment programs, staffing, accurate and complete records, medication distribution, and suicide prevention.

In 1997, the court approved CDCR's Mental Health Program Guide (MHPG) which addressed constitutional inadequacies in mental health treatment programs by establishing services at different levels of care. The MHPG continues to provide the policies and procedures that govern delivery of these mental health services.

Since implementing the Guide, CDCR has successfully reduced wait lists for inmates seeking mental health treatment and implemented a standardized self-monitoring process to ensure that inmates are timely identified, referred, and transferred to acute and intermediate levels of care.


Due to significant reductions in the state prison inmate population and vast improvements in mental health care, CDCR filed a motion in January 2013 to the U.S. District Court seeking to terminate the *Coleman* lawsuit.

To date in construction dollars alone, CDCR has conservatively spent more than \$1.3 billion in improvements to inmate mental health care.

### FUNDING

On May 3, 2007, a historic and comprehensive corrections overhaul bill, Assembly Bill 900 (Solorio), was signed into law.

AB 900 authorized \$3.5 billion in lease revenue bonds to build new beds and additional treatment and programming space at existing prisons. These facilities addressed severe shortages in medical beds and treatment space.



CDCR saved the state billions of dollars by renovating older beds and building on existing prison sites instead of constructing new prisons.

All of the projects are being designed for sustainability and energy efficiency and are anticipated to receive Leadership in Energy and Environmental Design (LEED) “Silver” certification.

## **IMPROVEMENTS IN THE FIVE IDENTIFIED AREAS**

### **A. Screening**

- a. CDCR now screens all inmates for mental health needs during the reception center process.
- b. Screening is also conducted if the inmate is placed in an Administrative Segregation Unit (ASU).

### **B. Treatment Programs**

- a. The Mental Health Services Delivery System provides services across five levels of care, with the higher levels of care consolidated within a smaller number of institutions to improve access, quality, and cost-effectiveness of care, and established standard staffing patterns for each level of care to ensure appropriate treatment. The levels of care are summarized below:

- i. Correctional Clinical Case Management System (CCCMS)


1. Approximately 85% of the patients identified with a serious mental disorder are enrolled in the CCCMS program.
    2. Patients receiving CCCMS services are housed within the General Population and participate on an outpatient basis. Services include individual counseling, crisis intervention, medication review, group therapy, social skills training, and clinical discharge and pre-release planning. This is similar to an outpatient program in the community.

- ii. Enhanced Outpatient Program (EOP)

1. Provides more intensive level of outpatient mental health care. Program includes separate housing units, structured activities and serves mentally ill patients who experience adjustment difficulties in a General Population setting, but are not so impaired that they require 24-hour inpatient care.
    2. Includes ten hours of structured clinical activity per week, individual clinical contacts at least every two weeks, and enhanced nursing services. This is similar to a day treatment program or locked mental health unit in the community.

- iii. Mental Health Crisis Beds (MHCB)

1. Provides short-term crisis intervention up to ten days, in licensed Correctional Treatment Centers (CTC) for patients presenting acute symptoms of a serious mental health disorder, such as suicidal or self-harming behavior, or, due to a mental disorder, are an immediate danger to others or are unable to care for themselves..
    2. Services include observation, monitoring, continuous nursing assistance, symptom assessment, diagnosis, development



of a treatment plan, therapy to alleviate psychiatric distress, and referral to appropriate level of care.

iv. Intermediate Care Facility (ICF)

1. The ICF program provides longer-term intermediate and non-acute treatment for patients with a serious mental disorder requiring treatment that cannot function adequately or stabilize at EOP level of care, but may be remediated and stabilized with more intensive, inpatient services. ICF treatment for men is provided by Department of State Hospitals (DSH). ICF treatment for women is provided by the Psychiatric Inpatient Program (PIP), which is run by CDCR.

v. Acute Psychiatric Program (APP)

1. The APP provides 24-hour intensive, short-term treatment and serves patients that suffer impairment of functioning due to either acute serious mental disorder or acute exacerbation of a chronic serious mental disorder. APP treatment for men is provided by Department of State Hospitals (DSH) at California Medical Facility. APP treatment for women is provided by the Psychiatric Inpatient Program (PIP), which is run by CDCR.

C. Staffing

- a. In 2009, CDCR, in conjunction with court experts, developed a ratio-driven staffing plan which was approved by the court experts and the California legislature.

D. Accurate and Complete Records

- a. In July 2012, the Federal Receiver implemented an electronic Unit Health Record (eUHR) which significantly improved filing and availability of treatment documents.
- b. The eUHR has been implemented at all CDCR institutions and staff have been trained to use the program.

E. Medication distribution

- a. The State has comprehensive policies in place to ensure the timely refilling of prescriptions, to maintain continuity of medication delivery, and to minimize medication hoarding by inmate-patients.
- b. The State has also implemented regulations and procedures for administering involuntary medication that protect inmates' due process rights and coordinate mental health and custody personnel actions.

F. Suicide Prevention

- a. In 2010, CDCR, in conjunction with the court-appointed Special Master, developed a suicide prevention plan.
- b. CDCR has implemented a Suicide Risk Evaluation Mentor program to improve the quality of suicide risk assessments. This program includes a training mentor at every state prison.
- c. CDCR has initiated a suicide prevention workgroup designed to evaluate best practices and inform suicide prevention efforts.

## CONSTRUCTION PROJECTS



### *Completed Projects*

- A. Salinas Valley State Prison: 64-bed Intermediate Care Facility (ICF) for high-security inmates.
  - a. Completed September 2009.
- B. California Institution for Women: 20-bed Psychiatric Services Unit (PSU).
  - a. Completed February 2011.
- C. California Institution for Women: 45-bed ICF.
  - a. Completed July 2012.
- D. California Medical Facility: renovation of 124 cells for risk mitigation
  - a. Completed May 2011.
- E. California State Prison-Sacramento: General Population Enhanced Outpatient Program (EOP) new treatment and office space
  - a. Completed March 2012.
- F. California Medical Facility: 64-bed ICF for high-security inmates.
  - a. Completed February 2012.
- G. California Medical Facility: GP EOP and Administrative Segregation Unit (ASU) treatment and office space
  - a. Completed February 2013

### *Projects in Progress*

- A. Salinas Valley State Prison: EOP treatment space
  - a. Planned construction completion- September 2013
- B. California State Prison, Sacramento: 152-bed PSU
  - a. Planned construction completion- July 2013
- C. California State Prison, Corcoran: treatment and office space for EOP for ASU inmates
  - a. Planned construction completion- May 2013
- D. California Health Care Facility: Consolidated Care Center (137 Mental Health Crisis Beds and a 432-bed ICF)
  - a. Planned construction completion- December 2013
- E. California Men's Colony: 50 Mental Health Crisis Beds (MHCB)
  - a. Planned construction completion- June 2013
- F. California State Prison, Los Angeles County: ASU EOP treatment and office space for ASU EOP
  - a. Planned construction completion- December 2013
- G. Central California Women's Facility: treatment and office space for EOP for GP inmates.
  - a. Planned construction completion- March 2015
- H. DeWitt Nelson: 375-bed EOP for GP inmates and 50-bed EOP for ASU inmates
  - a. Planned construction completion- February 2014

###